ENTRY BLANK PLEASE TYPE OR PRINT Entered previous May Show Ms. MMr. Artist WALTER STAIGER Permanent 2307 BERRYWOOD DR. AKROW Tel. (/60) 666 2497 Area Code Temporary Address \_ City Tel. ( Zip Permanent address is in what county? \_\_SUMMIJ Born in Cuyahoga County Yes No Collaborator \_\_\_ If entries are not accepted or not sold: Artist will pick up entries at Museum. Museum should dispose of entries. ☐ Museum should ship entries to artist C.O.D. at this address:

The attached card at right will be returned to you as notification of acceptance or rejection by the last week in April.

## THE RETURNED CARD IS YOUR ONLY RECEIPT TO CLAIM YOUR ENTRIES. Do not lose it.

This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any entry not called for by the dates listed.

It is also understood that accepted entries will remain on exhibition until June 9, 1974.

The submission of entries will be construed as acceptance of all conditions printed in the entry information.

Signature Halts Stars

ENTRY BLA	NKS			*		
1	1. Paintings 2. Graphics 3. Photography 4. Sculpture 5. Electric 6. Crafts					
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OIL	ON CANVAS					
DREAM	15, FANTASIES, L	DEL	USION.	S		
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1974 MAY SHOW

The Cleveland Museum of Art Cleveland, Ohio 44106

Please keep address within this box for window envelope.

Name	WALTER STAIGE	R	
Address	2307 BERRYWOOD	DR.	1
City & State	AKRON, OHIO	Zip	44313

PLEASE TYPE OR PRINT.

This is the label that will be used to mail your notification of acceptance or rejection.

## **ACCEPTANCE OR REJECTION NOTICE**

This is your only receipt to claim your object(s). This notification will be mailed to you following judging.

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RECEIVED DO NOT DETACH					
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